

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**100549950**

FILING DATE

**Washington/America**

**National Stage Processing**

**Patented Separately**

(703) 305-8421

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	53					
TOTAL CLAIMS	59					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						